

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9		/					59		
10		/					60		
11		/					61		
12		/					62		
13		/					63		
14		/					64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21	/						71		
22							72		
23							73		
24							74	/	
25							75	/	
26							76		
27							77		
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33							83		
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37							87		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		1		1		TOTAL IND.	1	
TOTAL DEP.	13		1		1		TOTAL DEP.	1	
TOTAL CLAIMS	14		2		2		TOTAL CLAIMS	2	